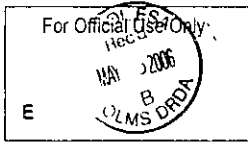


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13483	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Michael J Sullivan P.O. Box, Bldg., Room No., if any 6th Floor Street 1750 New York Ave, NW City Washington DC State DC ZIP Code + 4 20006 5386	4. Name, file number, and address of labor organization. Name Sheet Metal Workers' Int'l Assoc Labor Organization File Number 000-073 P.O. Box, Building and Room Number, if any 6th Floor Street 1750 New York Avenue, NW City Washington DC State DC ZIP Code + 4 20006 5386
5. Position in labor organization. General President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed **Michael J. Sullivan**

On **5/9/06**
Date

202 783 5880
Telephone Number

Name of Person Filing

Michael J. Sullivan

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

McMorgan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 800

Street

1 Bush Street

City

San Francisco

State

CA

ZIP Code + 4

94109

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

SMW National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

601 N Fairfax Street

City

Alexandria

State

VA

ZIP Code + 4

22314

11.a. Nature of such dealing.

Investment Manager
and Advisor

11.b. Approximate dollar value of such dealing.

118,000.00

12.a. Nature of interest held or income received.

Trustees Dinner
Including Spouse

12.b. Amount.

384.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

Michael J. Sullivan

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Energy Management InstituteTrade Name, if any: NEMIP.O. Box, Bldg., Room No., if any Suite 250Street 601 N. Fairfax StreetCity AlexandriaState VA ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Research & Development
501(c) 3 non-profit organization

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

meals (32)
Lodging (7 nights)

12.b. Amount.

1,197

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION

1750 NEW YORK AVE., NW,
WASHINGTON, DC 20006



PHONE: (202) 783-5880
FAX: (202) 662-0894

MICHAEL J. SULLIVAN
GENERAL PRESIDENT

May 10, 2006

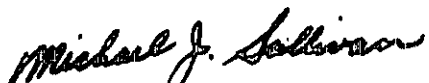
Sent by Certified & First Class Mail

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Ave, NW, Room N-5616
Washington, DC 20210

To whom it may concern:

Attached please find my completed and executed LM-30 report for 2005. The information contained in the LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2005. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Sincerely,


MICHAEL J. SULLIVAN
General President

MJS/lam
Attachments



United Union
of Roofers,
Waterproofers
and Allied Workers

Affiliated with AFL-CIO
And Building and
Construction Trades
Department

Local Union No. 54
2800 First Avenue
Room 105
Seattle, WA 98121
(206) 728-7654
FAX (206) 448-3362

May 5, 2006

Regarding: File Number U-10431
Attachment to amended LM-30 for 2004

This years report (2005) is being amended because, when I started to file the information from the NW Roofers Trust for the year 2006, I became aware of a miss interpretation of financial information provided by the NW Roofers Trust used for the 2005 report. After getting a clarification from the Trust regarding both years, I feel this amended report is now reflects correct financial data.

Bill Kemble

